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## **PROGRAMS AIMED AT REDUCING RECIDIVISM BY IMPROVING PAROLE OUTCOMES**

by

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## TABLE OF CONTENTS

	Page
INTRODUCTION .....	1
BACKGROUND .....	2
COMMUNITY RESIDENTIAL PROGRAM .....	4
TECHNICAL RULE VIOLATOR PROGRAM.....	5
MICHIGAN PRISONER RE-ENTRY PROGRAM .....	6
INTENSIVE DETENTION RE-ENTRY PROGRAM .....	8
ELECTRONIC MONITORING.....	8
TREATMENT-BASED PROGRAMS .....	10
Sex Offenders .....	10
Substance Abuse .....	11
WAYNE COUNTY PROGRAMS .....	12
CONCLUSION.....	13



## INTRODUCTION

The annual budget of the Michigan Department of Corrections (MDOC) in fiscal year (FY) 2005-06 accounts for 4.6% of the total gross appropriation and 19.8% of the General Fund/General Purpose budget for the State of Michigan. The MDOC has the fifth-largest departmental budget and the greatest number of full-time equated positions (FTEs) in the State. Due to the cost associated with a large number of FTEs, the appropriation has increased every year since FY 2001-02. Additionally, the prison population has generally risen over the past two decades. In 2005, the prison population (49,377) was more than 10,000 prisoners larger than in 1995 and three times higher than the population in 1985 (16,003). Much of the growth in the prison population can be accounted for by offenders who have served prison sentences in the past, meaning they already have been through the MDOC system. Table 1 shows the proportion of prisoners entering Michigan prisons who have served a previous prison sentence, along with the proportion of prisoners entering prison serving their first sentence. During 1995, 28.6% had served previous sentences. This proportion grew to 37.6% in 2005. The majority of these offenders have served one or two previous sentences. These data include both offenders who received their sentence during their parole term and those who were sentenced after their parole term.

**Table 1**

<b>OFFENDERS ENTERING PRISON</b>			
<b>Calendar Year</b>	<b>First Sentence</b>	<b>Previous Sentence</b>	<b>Total Intake</b>
1995	71.4%	28.6%	10,438
1996	71.4	28.6	11,412
1997	68.8	31.2	12,182
1998	67.2	32.4	12,228
1999	66.3	33.7	11,898
2000	67.9	32.2	11,943
2001	68.2	31.8	12,791
2002	67.9	32.1	14,326
2003	65.5	34.5	12,460
2004	63.4	36.6	12,807
2005*	62.4	37.6	13,078

\* as of 12/2/2005

Source: MDOC

Parolee data show that parole violations and recidivism significantly contribute to the increase in the prison population. Not only is this an issue due to the \$30,000 annual expense involved in housing each prisoner, but public safety is affected when parolees and discharged prisoners are committing crimes in the community. This paper discusses programs for parolees developed by the MDOC to curb recidivism and reduce the demand for prison beds.

## BACKGROUND

Parolees are returning to prison at increasing rates. Table 2 shows how offenders performed on parole, examined by the year the offender was paroled. For those paroled in 1999, parolees with technical rule violations<sup>1</sup> (PTRVs) peaked, with 26.8% of offenders paroled back in prison within two years of their parole, compared with 16.7% of those paroled in 2003 who returned to prison with PTRVs. Parole violators with new sentences (PVNS) have fluctuated, but the general trend shows growth. Parole absconders, parolees who have eluded supervision by failing to report to their parole agent, also have grown. These data do not include parole activity occurring after the first two years of the offender's parole term, although most are paroled for a two-year period.

**Table 2**

<b>OFFENDER STATUS BY YEAR OF PAROLE</b>						
<b>Year Paroled</b>	<b>Success or Still on Parole</b>	<b>Technical Violation</b>	<b>New Sentence</b>	<b>Absconder</b>	<b>Total Technical Violation and New Sentence</b>	<b>Total</b>
1998	5,157	2,663	1,234	1,000	3,897	10,054
1999	4,929	2,484	981	881	3,465	9,275
2000	4,634	2,242	1,033	800	3,275	8,709
2001	5,110	2,206	1,205	1,070	3,411	9,591
2002	5,408	1,851	1,365	1,630	3,216	10,254
2003	5,864	1,837	1,451	1,835	3,288	10,987

Source: MDOC

Table 3 shows prison intake for parole failures since 1995. Parole failures have generally risen in the past 10 years, with the exception of 2003, which exhibited the lowest number of total parolees returning to prison since 1996, and the lowest number of PTRVs since 1995. A total of 4,728 prison intakes (36.2% of total intakes) were parole failures in 2005; this figure includes 1,864 PVNSs and 3,864 PTRVs. The total number of parolees returning to prison in 2005 was approximately 100 fewer than in 2004, owing to a decrease in PTRV returns. For the past five years, PVNS returns have been steadily increasing, now making up 14.3% of total intake, up from a low of 9.2% in 2001. The MDOC could spend approximately \$141.8 million<sup>2</sup> annually on the 2005 offenders returning to prison, depending on the length of their sentences. The total intake population for 2005 also includes new commitments, which accounted for 37.2% of total intakes, and probation violators, who were 26.6% of total intakes.

<sup>1</sup> Technical rule violators are offenders who have committed minor violations of their parole supervision conditions.

<sup>2</sup> The average annual cost of incarceration for FY 2005-06 is \$30,000.



**Table 3**

<b>NUMBER OF PAROLE FAILURES ENTERING PRISON</b>					
<b>Year</b>	<b>Parole Violator New Sentence</b>	<b>% of Total Intake</b>	<b>Parole Technical Rule Violator</b>	<b>% of Total Intake</b>	<b>Total Intake</b>
1995	812	7.8%	1,936	18.6%	10,438
1996	1,012	8.9	2,603	22.8	11,412
1997	1,276	10.5	2,676	22.0	12,182
1998	1,322	10.8	2,879	23.5	12,228
1999	1,242	10.4	3,192	26.8	11,898
2000	1,147	9.6	3,114	26.1	11,943
2001	1,176	9.2	3,248	25.4	12,791
2002	1,415	9.9	3,324	23.2	14,326
2003	1,619	13.0	2,205	17.7	12,460
2004	1,770	13.9	3,055	23.9	12,807
2005	1,864	14.2	2,864	21.9	13,078

Source: MDOC, Corrections Data Fact Sheets

Because the sentencing guidelines in Michigan use mostly indeterminate sentencing,<sup>3</sup> the 10-member Parole Board decides if an offender is to be paroled before his or her maximum sentence date and after the minimum sentence date, or discharged at the end of his or her maximum sentence. Each year, approximately a quarter of the prison population is released on parole, and about 12.0% of the prisoners are discharged.

Table 4 shows a history of parole approval rates since 1995. The Parole Board has increased the percentage of decisions granting parole in recent years back to rates from the mid-1990s. However, as the number of total decisions made has not kept pace with the growth in prison population, this increase in the parole-granting rate has not served to increase prison exits with respect to the prison population.

**Table 4**

<b>PAROLE BOARD DECISIONS</b>				
<b>Year</b>	<b>Decisions</b>	<b>Granted</b>	<b>% Granted</b>	<b>% of Total Prison Population Granted</b>
1995	17,598	9,678	55.0%	24.9%
1996	17,786	10,306	57.9	25.7
1997	17,649	9,751	55.3	23.0
1998	20,212	10,366	51.3	23.7
1999	20,929	10,776	51.5	24.2
2000	22,141	10,478	47.3	22.9
2001	22,810	10,874	47.7	23.0
2002	24,270	11,737	48.4	23.7
2003	24,685	12,793	51.8	26.2
2004	24,060	12,391	51.5	25.5
2005	22,126	12,103	54.7	24.5

Source: MDOC, Corrections Data Fact Sheets

<sup>3</sup> According to the MDOC website, "In Michigan, which has modified indeterminate sentencing structure, convicted felons, with few exceptions, are given a minimum and a maximum portion to their sentences. The maximum is usually determined by law, and the minimum is set by a judge with the legal restriction that it is not to exceed two-thirds of the maximum. The Michigan Parole Board has jurisdiction over the prisoner when he or she has served the minimum portion of the sentence." (<http://www.michigan.gov/corrections>, accessed 8-4-06)

Once parolees re-enter the community, they are subject to a level of supervision, provided with conditions of their parole, and required to participate in programs appropriate to their level of risk. Typically, parole lasts two years, but the MDOC can revoke or extend parole status, depending on the parolee's behavior while in the community. As described previously, revocation contributes to the prison population significantly. In order to increase the number of offenders successful on parole, the MDOC has been creating programs for decades to address the needs of offenders re-entering the community.

## **COMMUNITY RESIDENTIAL PROGRAM**

The Community Residential Program (CRP) was the first major program created to prepare prisoners for re-entry into the community. Beginning in the late 1960s, the MDOC began placing prisoners nearing parole in Corrections Centers in the community. While in Corrections Centers and before parole, prisoners are expected to attend academic classes or find employment so they can support themselves while they are in the CRP and once they are paroled. Prisoners are expected to pay the cost of their room and board while in the CRP, making the program a cheaper alternative to housing them in prison.

The Corrections Centers have 24-hour security and offenders convicted of assaultive or sex offenses are disqualified. An offender also must have a minimum-security classification. Currently, prisoners have access to a variety of programs, such as GED education, Narcotics/Alcoholics Anonymous, cognitive behavioral therapy, computer classes, pre-employment classes, and other programs put on by local groups.

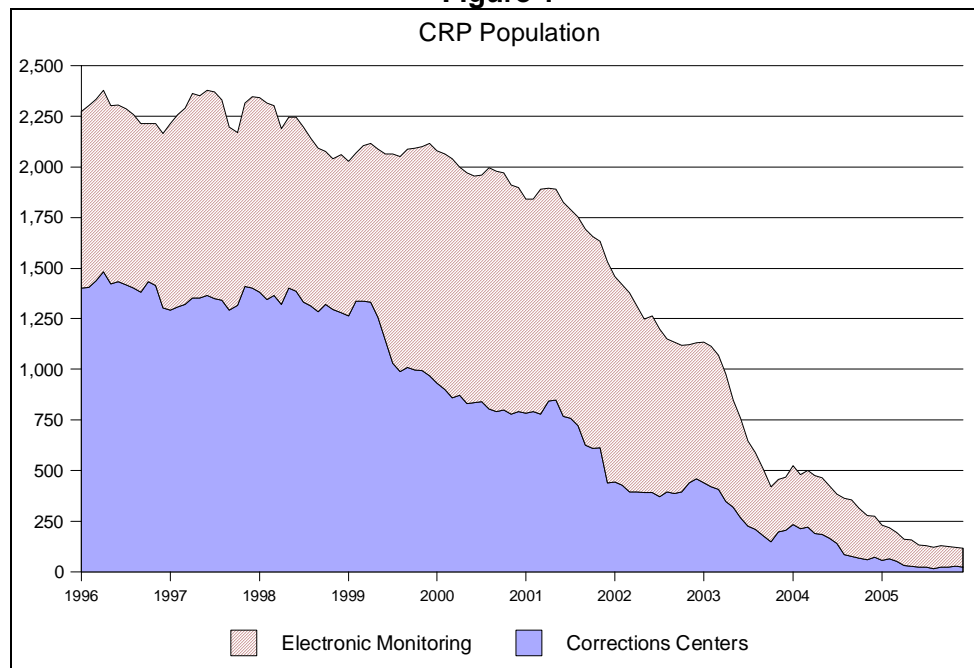
As a result of truth-in-sentencing statutes,<sup>4</sup> most prisoners currently are not eligible for this program because they are not allowed to be released from prison before their earliest release date. Indeed, the Corrections Centers' population dwindled to 22 prisoners in October 2005, down from 1,435 prisoners in October 1996. This population, which the MDOC expects will remain constant for several years, is very low in comparison to the nearly 3,500 offenders served in 1992. Currently, only the Grand Rapids Corrections Center remains open, with the Buena Vista Corrections Center in Saginaw, Detroit Woodward Corrections Center, and Benton Harbor Corrections Center all closing during 2004 and 2005. In 1998, by comparison, the MDOC operated 14 Corrections Centers.

In 1987, the MDOC also began supervising CRP prisoners in the community on an electronic tether, which offenders wear on their ankle. The electronic tether transmits information to the electronic monitoring center via radio frequency, demonstrating whether the offender is at home according to his or her supervision requirements. Figure 1 shows that prisoners in this CRP program have dwindled as well. The October 2005 population was 103 prisoners, down from 1,172 in October 2000.

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<sup>4</sup> Truth-in-sentencing applies to assaultive crimes committed on or after December 15, 1998, and all other crimes committed on or after December 15, 2000.

**Figure 1**



Source: MDOC, Corrections Data Fact Sheets

During its peak, the CRP allowed the MDOC to reduce the prison population and save money by providing an avenue for releasing prisoners to the community. Despite its low population, the program still provides a cost effective alternative to incarceration. Currently, servicing prisoners in the CRP costs \$48.08 per diem in Corrections Centers (where the offender reimburses part of this amount), and \$10.59<sup>5</sup> per diem on electronic monitoring (where the offender is supposed to reimburse \$4.53), whereas incarceration costs approximately \$82.19 per diem on average. Another benefit to the program is it allows prisoners to be re-integrated into the community before parole, which may give some offenders a better chance at staying out of prison in the long run. However, with the prison population increasing by more than 100% between 1985 and 1990 (16,003 to 31,240) due to increased prison intake from tougher drug sentencing laws, the MDOC found itself needing more solutions for the growing population.

## TECHNICAL RULE VIOLATOR PROGRAM

In order to reduce the number of offenders entering prison without compromising public safety, the MDOC instituted an intermediate sanction for parolees and CRP prisoners who violated the terms of their release. In 1991, the MDOC opened its first Technical Rule Violator (TRV) center in the Lake County jail annex. Instead of returning to prison, TRVs are sent to this program for up to 90 days. While at the TRV center, the offenders participate in public works crews, receive substance abuse treatment, and work on educational programs. After release from the TRV center, the offenders continue on parole or the CRP program in the community. If an offender does not want to participate in the TRV program or does not successfully complete the program, he or she is returned to prison.

During the early 1990s, a TRV center was added at Huron Valley, and a co-ed TRV was added at Camp Gilman in Oakland County. Camp Gilman closed in 2004 and was replaced by a new TRV center in Grand Rapids for females at the same location as the Grand Rapids Corrections Center. This allows the Corrections Center to have offenders available to cook and clean the

<sup>5</sup> Currently, the daily maintenance fee for the radio frequency tethers is \$.21 per day, beginning one year after the device is purchased for \$1,053.

facility, as the TRVs are not allowed to leave the facility. With 510 beds, the TRV centers currently serve nearly 2,700 offenders each year.

According to the MDOC, these TRV beds saved approximately 1,000 prison beds in 2005. This would indicate that TRV centers are a money-saver, because the average annual cost of a TRV bed is more than one third less than the average annual cost of a prison bed. However, the TRV centers housed fewer than 400 TRVs at a time in 2004 and 2005. According to the MDOC, this is a result of the centers' being used for other programs, such as housing those who have a parole violation hearing pending and otherwise would be housed in jail.

Similarly, the Corrections Center also is being used for purposes other than housing CRP prisoners. Due to the decrease in offenders eligible for the program, the MDOC also is housing other prisoners and parolees in the centers: certain parole violators who are placed in the centers instead of prison, temporarily placed parolees who have no home or no telephone for electronic monitoring, offenders who remain delinquent on victim restitution payments, and prisoners serving for parole violations after serving four months in prison and within eight months of the end of their continuance. As the MDOC finds that not every prisoner or parolee's situation fits a traditional response or sanction, beds in both the Corrections Center and TRV centers are not being used for their original purposes.

In response to the changing needs of the offender population and a changing philosophy in terms of how best to sanction offenders, the fiscal year 2006-07 budget introduces a program called Community Re-entry Centers (CRCs). These will house all offender populations currently served in TRV centers and the Corrections Center. The CRCs will be located in Lake County, Grand Rapids, and another currently undecided location. Huron Valley's TRV center will be converted into a camp. The new version of the sanction for parolees and program for non-truth-in sentencing prisoners will focus more on re-entering the community successfully. This plan comes out of an initiative that began in 2003 to cut recidivism by easing offenders' transition into the community after incarceration.

## **MICHIGAN PRISONER RE-ENTRY PROGRAM**

In 2003, the MDOC proposed the Michigan Prisoner Re-entry Initiative (MPRI). The program involves developing a plan for re-entry into the community as soon as the offender enters prison. To accomplish this mission, the program involves prison staff, the offender, his or her family, parole officers, victims, human service providers from other State agencies,<sup>6</sup> and local community organizations. The goal is for offenders to have the appropriate resources to prepare for parole and re-enter the community. (For additional information on the MPRI, please see the Senate Fiscal Agency article, "The Michigan Prisoner Re-Entry Initiative" in the March/April 2006 issue of State Notes.<sup>7</sup>)

The plan for re-entry, called a Transition Accountability Plan (TAP), is written four times: at Phase I, when the offender enters prison; at the beginning of Phase II, which starts nine months to one year before the offender's expected parole and ends when the offender is paroled; at Phase III, which occurs during the parole term; and at the end of Phase III, discharge from parole. The TAP contains a variety of plans including obtaining a driver license, undergoing mental health treatment, and finding employment. The Transition Team, which includes MDOC staff and community human service providers, uses a case management model to monitor the offender's status and the implementation of the TAP. As the offender gets closer to discharge, community service providers will take over the case entirely, depending on the offender's needs.

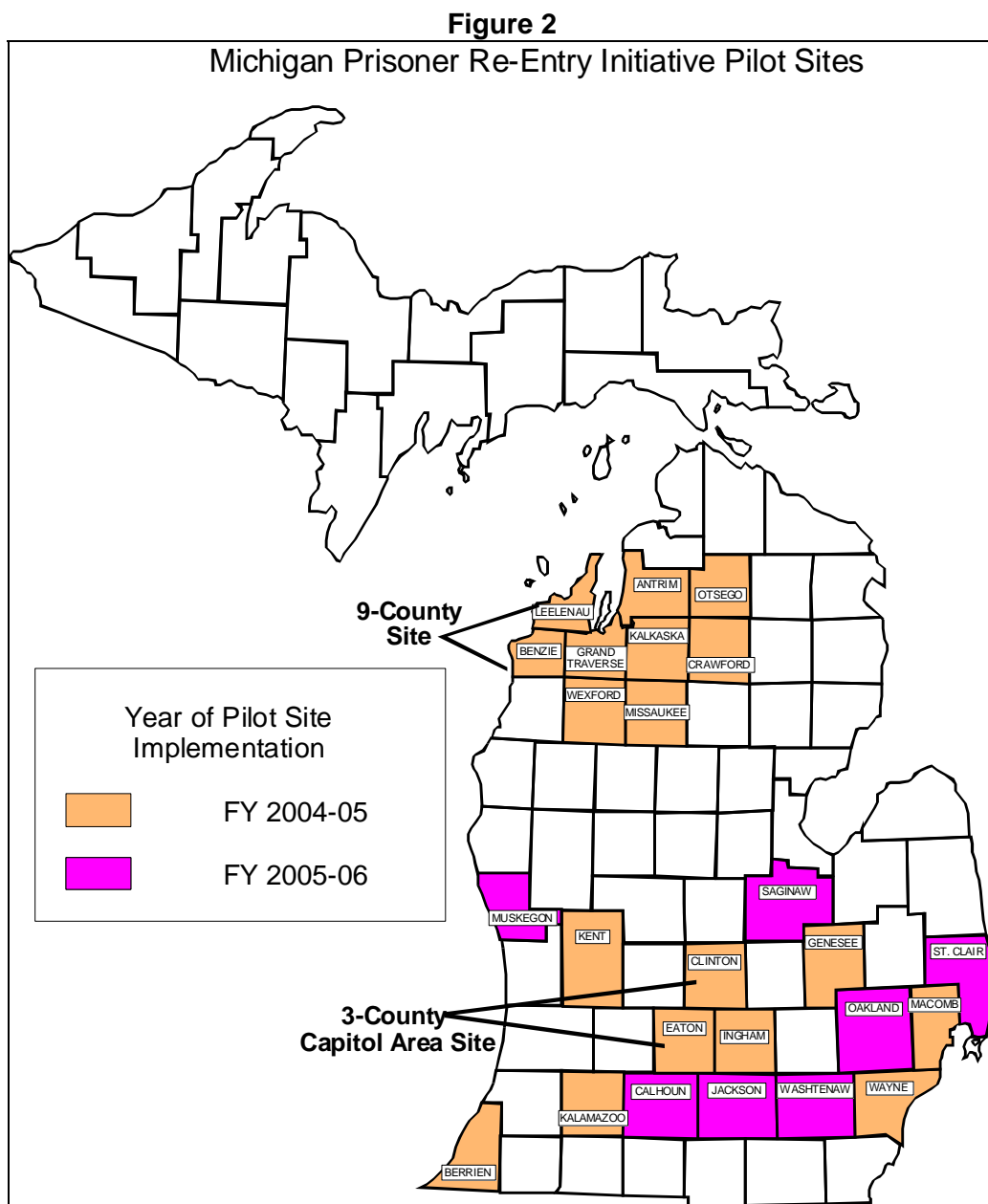
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<sup>6</sup> The State Policy Team consists of representatives from the MDOC, the Department of Labor and Economic Growth, the Department of Community Health, the Department of Human Services, and the Department of Education.

<sup>7</sup> See <http://www.senate.michigan.gov/sfa/Publications/Notes/2006Notes/NotesMarApr06lh.pdf>

In March 2005, the precursor to the MPRI, the Intensive Parole Release Unit (IPRU), began operating at the Cooper Street Correctional Facility (men, 480 beds) and the Huron Valley Complex (women, 52 beds). This program incorporates the MPRI's model at Phase II, which involves special programming and planning in preparation for an offender's parole while he or she is still in prison. As of June 30, 2006, 1,442 prisoners had completed the program and been released from prison. Of these offenders, 9.7% have returned to prison, which is 0.28% below the expected returns to prison for this period of time.

During 2005 and 2006, the MDOC began operating the first two rounds of MPRI pilot sites, in addition to the IPRU sites. The MDOC has placed these pilot sites in locations that will ensure that the MPRI is in all urban counties and will include 80.0% of parolees by the end of 2006. As shown in [Figure 2](#), the remaining rural counties will get MPRI sites during FY 2006-07, to be funded in FY 2007-08.



Source: MDOC

As the Legislature is especially interested in the progress of the MPRI, reports requiring up-to-date data regarding the offenders who have participated in the program thus far are available. Through June 30, 2006, 970 offenders have entered the MPRI, and of these, 537 have been paroled. These offenders have been on parole anywhere from zero to seven months, and have a 97.6% success rate so far, which is 0.9% below expected returns for the time period. Before the MPRI, 53.4% of those paroled in 2003 successfully remained in the community after two years. As the MPRI parolees have been released for such a short period, it is too early to tell whether the success rate will stay above that of the 2003 releases. Additionally, 385 of these offenders were released during May and June, so only 1.3% of them would be expected to fail parole at present. According to the MDOC, offenders are chosen for the MPRI based on whether they completed their requirements, such as earning a GED, and if they came from a county that currently has a pilot site. As the program is implemented statewide, all offenders will participate in Phase I of the MPRI when they enter prison.

The MDOC does not expect the MPRI to affect intake rates until after 2006. Then, the MDOC expects intake rates and population rates to remain stable due to an expected increase in parole approval rates and a decrease in parolee returns to prison, serving to offset any new sentence intakes. Over time, the MDOC also expects to see a 2.0% annual improvement in the parole success rate. However, this improvement will be compared with the baseline success rate of 51.3% from 1998, instead of data that are more recent. According to the MDOC, using eight-year-old data will allow the Department to compare the MPRI results with data from before other initiatives in Michigan began. As the MPRI has taken form, however, the MDOC has developed other programs related to re-entry that also may influence parolees in the MPRI and their recidivism rates.

### **INTENSIVE DETENTION RE-ENTRY PROGRAM**

The Intensive Detention Re-entry Program (IDRP) began in 2004 to serve PTRVs. The MDOC contracts with Ingham and Clinton County jails to house up to a total of 150 parolees. Parole agents are placed in the jails to coordinate re-entry efforts with the community. While the parolees are detained in jail, they receive 60 hours of cognitive programming, and employability skills training provided by Michigan Works. The IDRP is similar to Corrections and TRV Centers in terms of cost effectiveness. The parolees stay in this program for only an average of 28.5 days, compared with the average time in prison before parole of 17.4 months, and the average annual cost (approximately \$34.50 per diem) is approximately half the amount of a prison stay. In 2005, the program served 1,584 parolee TRVs, and successfully terminated 1,501 from the program. These parolees would be using approximately 700 beds if they had instead been returned to prison, meaning that the program reduces the prison population in addition to being cost effective. Additionally, this program gives the parolees a chance to receive additional services in a secure setting and a second chance on parole.

### **ELECTRONIC MONITORING**

Electronic monitoring is used not only for CRP prisoners, but for parolees and probationers as well. Electronic monitoring may be used for parolees as either a condition of parole, or a sanction for parole violations. In addition to monitoring CRP prisoners, probationers, and parolees, the electronic monitoring center also contracts to handle monitoring services for the Department of Human Services's Regional Detention Support System (RDSS) and for Community Electronic Monitoring (CEM). The program's equipment can handle approximately 3,000 offenders at a time, but had a total population of only 1,640 at the end of 2005, down from

2,084 at the end of 2004. During the course of 2005, the electronic monitoring center handled 1,635 total parolees,<sup>8</sup> an average of 223.9 at a time, which is similar to parolee counts for 2004.

When offenders are monitored by radio frequency, as discussed previously, the tether acts as a curfew monitor, transmitting to the center when the offender is home. Two other options exist for offenders with alcohol problems. Sobrietor is a device that allows the center to do random alcohol testing via radio frequency and acts in conjunction as a curfew monitor. As of September 2005, the program had 375 offenders participating. This device costs \$1,600 versus \$1,053 for the radio frequency tether, but the daily operating cost (\$0.21 maintenance fee plus staffing costs) is similar. Secure Continuous Remote Alcohol Monitoring (SCRAM) is an alcohol monitor that continuously reads from the offender's skin whether alcohol has been ingested. This monitor cannot be used for curfew monitoring. This device costs the same as Sobrietor, but the MDOC must pay the company a \$3.60 per diem maintenance fee on 80.0% of the devices, which is significantly higher than the cost of the other tether devices. In September 2005, 88 offenders participated in this program. In 2005, 56.4% of parolees terminated from electronic monitoring did so successfully. Unsuccessful termination may result from both program violations and terminations due to other situations, such as placement in a treatment program or hospitalization. For 2005, 12.0% of the unsuccessful terminations for parolees were due to administrative reasons beyond the offender's control, such as entering a treatment program or hospital, or not having a home. If these administrative terminations are removed, 64.1% of parolees actually succeed in the program. This is not to say that all of these offenders succeed during the entirety of their parole term, as the tether may have been imposed only during part of the parole term. Among parolees, the most common reason for being terminated from the program unsuccessfully was due to absconding from parole (12.7%<sup>9</sup>).

Assuming the data for the number of days unsuccessful prisoners stay on electronic monitoring carry over to parolees as well, these parolees spend an average of 134.1 days in the program before being terminated, in comparison to 174.2 days for successful terminations. This means that parolees unsuccessfully terminated from this program spent a combined total of 72,682.2 days on electronic monitoring during 2005, at a cost of \$769,700.<sup>10</sup> Without considering how much prison time offenders who are unsuccessfully terminated may have to serve after being terminated from the program, electronic monitoring is cheaper than keeping the offenders in prison during that time period would be. For the money spent on electronic monitoring for the 542 parolees who were terminated unsuccessfully during 2005, the MDOC would have been able to house only approximately 25 of them in prison for a year.

In the future, other electronic monitoring tools may be used to supervise offenders. One option is called KIOSK, a program for low-risk offenders. The offender would report monthly at a kiosk that would read the offender's thumbprint. This method would reduce personal contact with field agents, which would allow them to spend more time with high-risk offenders.

Another method for monitoring offenders that is growing in popularity across the United States is electronic monitoring via a global positioning system (GPS). Using an active system, offender whereabouts are monitored in real time, 24 hours a day. For a passive system, a field agent reviews a report of the offenders' whereabouts the following day. Since this would be less costly to implement than an active system would be, the MDOC plans to implement a passive system for FY 2006-07. The monitor will cost approximately \$8 per offender per day, and

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<sup>8</sup> Data include parolees from correctional facilities and Special Alternative Incarceration.

<sup>9</sup> The data show that absconding is a more frequent reason for unsuccessful termination from electronic monitoring for parolees from correctional facilities (14.3%) than for parolees from Special Alternative Incarceration (SAI) (8.3%). Parolees from correctional facilities have the highest rates of termination due to absconding of all the other electronic monitoring populations. The frequency of termination due to absconding for the entire program is 9.4%. For SAI parolees, administrative unsuccessful termination (11.4%) is more common than absconding.

<sup>10</sup> Cost was calculated using the \$10.59 per diem.

approximately \$19 per offender per day if staffing costs are included. The MDOC proposes to use the system for parolees who had committed crimes such as burglary and sex offenses. If the offender violated a condition of parole by being in a certain location, the field agent would find out through the GPS monitor. Also, if a crime were committed in a particular location, the GPS monitoring would be a tool for law enforcement to determine if any offenders were in that location when the crime took place.

The MDOC contracted with SPEC Associates to conduct three GPS monitoring pilot projects. The researchers concluded that passive use of GPS is an effective way to monitor parolees. Compared with the control group, the GPS parolees were more compliant with their conditions of parole. Further research may be needed to examine the long-term impact of GPS monitoring on offenders, as each of the pilot projects lasted only 90 days.

Recently enacted legislation,<sup>11</sup> effective August 28, 2006, will require lifetime GPS electronic monitoring for offenders who have been convicted of first- or second-degree criminal sexual conduct involving a victim less than 13 years of age, and will allow the Parole Board to require GPS monitoring for offenders convicted of first- or second-degree criminal sexual conduct who are placed on parole. The laws will result in a larger-scale move to GPS electronic monitoring for offenders. These laws require the offenders participating in the program to pay the cost of the program, as is the case with other electronic monitoring. However, as GPS monitoring costs three times as much as radio frequency electronic monitoring, the MDOC will be unlikely to recoup all of its costs. If these offenders are returned to prison due to inability to pay, the laws may increase prison intake. If an increase in intake due to violations of the program requirements is higher than the possible diminished recidivism rates that may occur as a result of the program, GPS electronic monitoring may increase the prison population.

## **TREATMENT-BASED PROGRAMS**

Some offenders need special programs to be supervised properly in the community. Parolees who are sex offenders or have substance abuse problems can benefit from programs and treatment geared toward their individual needs. The MDOC hopes that targeting these populations will have an impact on their recidivism rates.

### **Sex Offenders**

In 2005, sex offenders accounted for 13.8% of parole approvals, up from 13.0% in 2004. As first-degree criminal sexual conduct carries up to a life sentence, some sex offenders are never approved for parole. Those sex offenders who are paroled require extra supervision. To aid in this, each Field Operations Administration office has at least one sex offender specialist and Wayne County has an entire field office dedicated to sex offenders. Field agents work with treatment providers to monitor behavior and with the Michigan State Police to ensure that these offenders are providing information for the Sex Offender Registry. The MDOC also gives polygraph exams to these offenders at the beginning of the parole term, seven to nine months later, and then yearly until discharge from parole. These exams cost \$450 for an initial screen and between \$350 and \$400 for follow-up exams. In total, the exams could cost more than \$1,500 per offender, which is about 5% of the average cost of a year in prison.<sup>12</sup> These exams serve to deter the offenders from violating the conditions of their parole and committing new

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<sup>11</sup> Public Acts 168, 171, and 172 of 2006

<sup>12</sup> This is assuming that the offender receives the initial screen, and then three additional tests. A parolee could receive more polygraph exams if his or her parole term is extended. This does not include the cost of the parolee's not showing up for the test or showing up unable to be tested due to a positive drug or alcohol screen before the exam, each of which costs \$200.



crimes. Currently, the MDOC holds contracts for this service in Genesee, Lapeer, Muskegon, and Wayne Counties.

### Substance Abuse

Parolees with substance abuse problems also have certain supervision needs. During FY 2005-06, the MDOC will spend \$800,000 on testing parolees and probationers for substances, most of which will be conducted at field offices. The most frequently used test is an instant test that detects THC (the main active ingredient in marijuana) and cocaine for \$2.50, and laboratory confirmation tests are \$17.50 per drug confirmed. The testing, which can occur two times per week or less frequently at the field agent's discretion, are like the polygraph exams in that they serve as a deterrent to substance abuse. For parolees who need a constant deterrent, the MDOC has a 10-year-old program called Short Terms of Punishment (STOP). The participants must call a phone number each day to see if they must report for drug testing. If these parolees test positive, they must spend three days in a local sanction facility, such as a jail or TRV center. Complete recidivism rates are unknown for this program, but 13.6% of participants were arrested within a year after completing the program, in comparison to a baseline of 39.6%. In general, drug testing acts as a cost-effective deterrent, as a relatively low 13.5% of tests on parolees were positive for drugs in 2005.

Parolees also have access to treatment programs. The MDOC contracts with 77 service providers for both residential and outpatient treatment programs. In 2005, 11,097 parolees and probationers were admitted to outpatient programs and 3,027 parolees and probationers were admitted to residential programs through the MDOC.

As illustrated in Table 5, participation in Residential Substance Abuse Treatment (RSAT) while in prison is more effective in curbing recidivism rates than is treatment while on parole. In March 2006, there were 198 prisoners on the waiting list for RSAT, while only 50 parolees were on the waiting list for community-based substance abuse treatment. The RSAT program has 152 beds for men at the Cooper Street Correctional Facility and 64 beds for women at the Huron Valley Complex, which cost \$19.80 and \$19.85 per diem for the treatment, respectively. This results in a cost of \$3,964 on average, over \$1,000 higher than the cost of residential treatment while on parole. At this cost, not all offenders are eligible for the program, and eligible offenders may not be taken off the waiting list during their prison term. Until more RSAT beds are made available, many offenders will have to wait until release from prison to receive residential treatment.

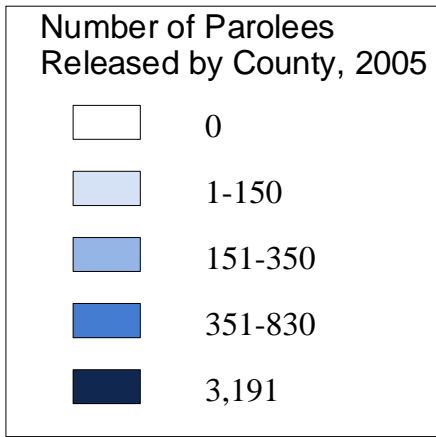
**Table 5**

<b>RECIDIVISM RATES</b>	
Baseline	48.0%
Community residential treatment programs	39.0
Community outpatient treatment programs	34.0
RSAT	21.0

**Source:** MDOC Office of Substance Abuse Services Annual Report, FY 2005

The home of Michigan's largest city is also home to many offenders who may need extra assistance re-entering the community. The MDOC has developed several programs for Wayne County in collaboration with local units of government. As shown in [Figure 3](#), Wayne County has more parolees coming home than any other county in Michigan does.

### Figure 3



Project Joshua is the name of one of the multiple field operations programs in Wayne County. The MDOC, in conjunction with the Attorney General's office and the Detroit Police Department, targets gun offenders. Currently, the Project operates only in Detroit's 3<sup>rd</sup> precinct. Parolees and probationers are visited by MDOC field agents at home, and also must go to "call in" meetings where they learn about Project Joshua's zero tolerance policy with respect to gun violence and are offered various educational, employment-related, counseling, and other re-entry service opportunities. If an individual participating in the Project is charged with a crime,

prosecutors do not reduce the charge or plea bargain. Over 1,200 parolees and probationers have participated in both the "call ins" and the home visits. The program is currently funded at \$500,000, and the FY 2006-07 budget for the MDOC funds the program at \$1.3 million. According to the Attorney General's office, this additional funding will provide for an expansion of the program into Detroit's 2<sup>nd</sup> police precinct.

Project Joshua began in 2005 and received its name from the biblical warrior in the eponymous Book of Joshua. Between 2004 and 2005, the 3<sup>rd</sup> precinct in Detroit saw a reduction of 35.0% in gun-related homicides and 29.0% in nonfatal shootings. The rest of Detroit experienced only a 2.0% decline in both gun-related homicides and nonfatal shootings. The 3<sup>rd</sup> precinct exhibited the largest reduction in both than in any other Detroit police precinct. No available information indicates that another factor contributed to this decline in the 3<sup>rd</sup> precinct. These reductions not only improve public safety, but also reduce prison admissions by reducing the number of individuals who may be sentenced to prison.

Safe Neighborhoods is a similar program that provides law enforcement escorts to visit offenders convicted of gang or gun-related crimes. This program is run out of the Eastern District U.S. Attorney General's office. Another program called Spot Check targets violent and sex offenders. Law enforcement escorts not only provide protection to field agents, but also can arrest parole and probation violators on the spot before they have a chance to flee or commit another violation or crime. Currently, there are no data to indicate the effectiveness of these programs.

## **CONCLUSION**

As described previously, the MDOC has been paying particular attention to offenders on parole in order to reduce recidivism. All of these programs have both the same purpose and the same theme. As displayed in [Figure 4](#), they work with individual offenders and cater to their individual supervision and re-entry needs. This is a change from the MDOC's previous custom of returning to prison parolees who violated conditions of parole or committed new crimes, without attempting to prevent the situation from occurring. Due to scarce State resources, the MDOC was forced to revisit how it handled offenders in order to reduce prison admissions. Many other states are beginning to use this strategy in order to reduce recidivism and increase public safety. Michigan was one of the first to implement a re-entry program.

In the future, the specific programs related to the Michigan Prisoner Re-entry Initiative, Wayne County, or Community Re-entry Centers may not be viewed as new programs that are an addition to the programs already in the MDOC. Instead, these programs may become the core of the MDOC. The philosophy of re-entry is likely to affect nearly every aspect of the MDOC's operations, from Corrections Officer training to substance abuse treatment and testing. Working with other organizations and State agencies will not be innovative; it will simply be a permanent and ongoing relationship. Eventually, it may be impossible to discuss each discrete re-entry and parole-related program, as all of the programs will be considered as a cohesive operating procedure.

As these programs are integrated into the MDOC's operations, it will be interesting to see the impact on recidivism and the prison population. Taken separately, each has some positive impact on recidivism, and costs less than a prison bed. With the implementation of the initiatives, the MDOC expects to extend the run-out-of-beds date until May 2008. Indeed, future extensions of the date will be a marker of the success of these programs. However, their true success may be impossible to evaluate as programs like the Michigan Prisoner Re-entry Initiative are implemented statewide. Already, there is no way to determine the long-term impact of any one program because offenders enter, exit, and exist in various offender populations and statuses at different points during their contact with the MDOC, and participate

in various programs while incarcerated and on parole. With no comparison group, the impact of these programs could be obscured by future MDOC programs, by other programs operating locally or statewide, or by significant changes in Michigan that affect culture or quality of life.

Arguably, measuring the discrete impact is not particularly important to each enterprise. Helping parolees re-enter their communities successfully is the primary goal of parole. If it is in the interest of society to release offenders into the community with supervision in the first place, it is certainly in the interest of public safety to provide services to these parolees. The concept of structuring parole programs in a way that provides offenders with a mix of services to meet their individual needs may have to be what is assessed in the end. Along the way, the MDOC will have to evaluate how providing these services is being accomplished in order to keep the programs viable and congruent with the current state of the community.

**Figure 4**

